

Special Districts/County Fire **Exempt**

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	Non-Represented
Compensation Plan	2020
Health and Welfare	
Benefit Level	Full Time (61 - 80 hours)
Medical Premium Subsidy (MPS)	Employee Only \$243.33 Employee + 1 \$379.03 Employee + 2 \$529.94
Dental Premium Subsidy (DPS)	Up to \$9.46
Medical Opt-Out	Before 7/9/05 \$161.54 After 7/9/05 \$40.00
Medical Waive	Before 7/9/05 \$230.00 After 7/9/05 \$40.00
Vision	Employer Paid for Employee & Dependent Coverage
Life Insurance Employer Paid	\$50,000
Voluntary Term Life - Employee	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000
Voluntary AD&D	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000
Variable Group Universal Life Employer Contribution	Group A - 50% of the premium for 1x Annual Salary or 100% of the premium for ½xannual salary Group B & C - 25% of the premium for 1x Annual Salary
	Leave Provisions
Vacation	80-160 hours/year (Maximum carryover of 480 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)
Sick	3.69 hours/pay period
Bereavement	2 days per occurrence (3 if traveling > 1,000 miles)
Holiday	13 + 1 floating/year (Maximum carryover of 112 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)
Administrative	80 hours/year (Unused balance will automatically cash out in pay period 1)
Perfect Attendance (Groups B and C)	16 hours of Perfect Attendance Leave
	Retirement
Retirement Formulas (General) Reciprocity provision may apply	Tier I 2.0% at age 55 Hired PRIOR TO January 1, 2013 Tier II 2.5% at age 67 Hired ON or AFTER January 1, 2013
Retirement Formulas (Safety) Reciprocity provision may apply	Tier I 3.0% at age 50 2.7% at age 57 Hired PRIOR TO January 1, 2013 Hired ON or AFTER January 1, 2013

457(b) Eligible to enroll at any time 401(k) Eligible to enroll at any time	Employer Match Group A = County contribution 1 times Employee contribution, up to
	1%
	Groups B & C = County contribution ½ times Employee contribution, up to ½%
	Employer Match
	Groups A & B = County contribution 2 times Employee contribution, up to 8%
	Group C = County contribution 2 times Employee contribution, up to 6%
Retirement Medical Trust Fund – Sick Leave Conversion	Sick Leave Conversion
	Employees become eligible to convert a portion of their sick leave to the Retirement Medical Trust upon attaining 5 or more years of participation
	with SBCERA and/or other public retirement system
Retirement Medical Trust Fund — County Contribution	County Contribution, based on years of participation in a
	Public Retirement System:
	5-9 years = 2.00% of biweekly base salary
	10-15 years = 2.75% biweekly base salary 16+ years = 3.75% biweekly base salary
	10+ years = 3.73% biweekly base salary
	Other
F20 Education Continue Blan	Other
529 Education Savings Plan	Eligible
529 Education Savings Plan Annual Tuition Reimbursement	Eligible \$1,000/fiscal year
	Eligible
Annual Tuition Reimbursement	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device Allowance	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible Annual Maximum: \$2,700
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device Allowance	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible Annual Maximum: \$2,700 plus up to \$40 County match bi-weekly OR up to a \$50 County match for employees who select the County-sponsored Blue Shield Access+ HMO or Kaiser Choice HMO plan
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device Allowance Dependent Care Assistance Plan Flexible Spending Account (FSA)	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible Annual Maximum: \$2,700 plus up to \$40 County match bi-weekly OR up to a \$50 County match for employees who select the County-sponsored Blue Shield Access+ HMO or Kaiser Choice HMO plan Health Club Membership Reimbursement up to \$324/year
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device Allowance Dependent Care Assistance Plan Flexible Spending Account (FSA) Healthy Lifestyle Program	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible Annual Maximum: \$2,700 plus up to \$40 County match bi-weekly OR up to a \$50 County match for employees who select the County-sponsored Blue Shield Access+ HMO or Kaiser Choice HMO plan Health Club Membership Reimbursement up to \$324/year and Annual Physical Exam
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device Allowance Dependent Care Assistance Plan Flexible Spending Account (FSA)	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible Annual Maximum: \$2,700 plus up to \$40 County match bi-weekly OR up to a \$50 County match for employees who select the County-sponsored Blue Shield Access+ HMO or Kaiser Choice HMO plan Health Club Membership Reimbursement up to \$324/year and Annual Physical Exam 60% up to \$10,000/month
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device Allowance Dependent Care Assistance Plan Flexible Spending Account (FSA) Healthy Lifestyle Program	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible Annual Maximum: \$2,700 plus up to \$40 County match bi-weekly OR up to a \$50 County match for employees who select the County-sponsored Blue Shield Access+ HMO or Kaiser Choice HMO plan Health Club Membership Reimbursement up to \$324/year and Annual Physical Exam 60% up to \$10,000/month Pre-tax deductions of up to \$270/month
Annual Tuition Reimbursement Automobile Allowance Portable Communication Device Allowance Dependent Care Assistance Plan Flexible Spending Account (FSA) Healthy Lifestyle Program Long Term Disability	Eligible \$1,000/fiscal year Group A - Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle Group A - biweekly allowance of \$92.31 Eligible Annual Maximum: \$2,700 plus up to \$40 County match bi-weekly OR up to a \$50 County match for employees who select the County-sponsored Blue Shield Access+ HMO or Kaiser Choice HMO plan Health Club Membership Reimbursement up to \$324/year and Annual Physical Exam 60% up to \$10,000/month

Retirement – Other

The Districts offers Premium Subsidies to help off-set the cost of your medical and dental premiums.

Example #1: An Executive Assistant elects Kaiser Permanente Traditional HMO and Delta Dental PPO plans with Employee + 2 coverage:

\$923.15 (combined cost of premiums)

- \$529.94 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$383.75 (out-of-pocket cost)

Example #2: The Deputy Fire Chief elects Blue Shield Signature HMO and DeltaCare USA HMO plans with Employee + 1 coverage:

\$532.78 (combined cost of premiums)

- \$379.03 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$144.29 (out-of-pocket cost)

Example #3: The Emergency Services Manager elects Blue Shield Access+ HMO and DeltaCare USA HMO plans with Employee Only coverage:

\$235.28 (combined cost of premiums)

- \$243.33 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$0.00 (out-of-pocket cost)

Plan Year 2019-20 Revised 03/04/20